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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 741124-63										
CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]	In re Application of Dieter BUSCH											
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop AET, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at 571-273-8300, on August 24, 2005. Signature: <i>Kathleen M. McManus</i> Name: Kathleen M. McManus	Application Number: 09/729,422 Filed: December 5, 2000 For: ERGONOMIC, INTERFERENCE SIGNAL-REDUCING POSITION MEASUREMENT PROBE FOR MUTUAL ALIGNMENT OF BODIES Group Art Unit: 2859 Examiner: T.M. Reis											
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.												
The requested extension and appropriate entity fee are as follows (check time period desired):												
<table><tbody><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)</td><td>\$ _____</td></tr><tr><td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)</td><td>\$225.00</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)</td><td>\$ _____</td></tr></tbody></table>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)	\$ _____	<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)	\$225.00	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)	\$ _____
<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)	\$ _____											
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)	\$225.00											
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)	\$ _____											
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)	\$ _____											
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)	\$ _____											
<input checked="" type="checkbox"/> Applicant claims small entity status.												
<input type="checkbox"/> A check to cover the fee is enclosed. 08/25/2005 HTECKLU1 00000042 192380 09729422												
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. 01 FC:2252 225.00 DA												
<input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.												
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-2380(741124-63)</u> . I have enclosed a duplicate copy of this sheet.												
I am the <input type="checkbox"/> applicant/inventor												
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).												
<input checked="" type="checkbox"/> attorney or agent of record.												
<input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) .												
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.												
<i>David S. Safran</i> Signature		August 24, 2005 Date										
David S. Safran Typed or printed name		703-827-8094 Telephone Number										
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.												
<input type="checkbox"/> Total of _____ forms are submitted.												

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P.O. Box 1450
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